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CONFIRMATION NO. 1033

Bib Data Sheet

SERIAL NUMBER 10/047,458	FILING DATE 01/14/2002 RULE	CLASS 382	GROUP ART UNIT 2625	ATTORNEY DOCKET NO. 11532-036001
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** CONTINUING DATA *****

This appln claims benefit of 60/262,000 01/16/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 02/11/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials _____	WA	6	19	3

ADDRESS

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TITLE

Coordinate calibration for scanning systems

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)